

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001616

FILED
Apr 20, 2009
Secretary of State

Entity Name: BEACH CARE SERVICES, INC.

Current Principal Place of Business:

8317 FRONT BEACH RD
SUITE 31
PANAMA CITY, FL 32408

New Principal Place of Business:

1717 THOMAS DR.
PANAMA CITY, FL 32408

Current Mailing Address:

8317 FRONT BEACH RD
SUITE 31
PANAMA CITY, FL 32408

New Mailing Address:

1717 THOMAS DR.
PANAMA CITY BEACH, FL 32408

FEI Number: 59-3568025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, MICHAEL S
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TRES () Delete
Name: BRYSON, BRENDA
Address: C/O COASTAL COMMUNICATIONS
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VP () Delete
Name: SIMMONS, LAURIE
Address: 1318 HARBOUR WAY
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: P () Delete
Name: HARDEGREE, JUDITH
Address: 107 SUN LN
City-St-Zip: PANAMA CITY BEACH, FL 324135212

Title: S () Delete
Name: ABRENS, GAYLE
Address: 8601 SURF DR
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARDEGREE, JUDY
Address: 127 SUN LANE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: V (X) Change () Addition
Name: GALBREATH, STACIE
Address: 3120 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: T (X) Change () Addition
Name: BRYSON, BRENDA
Address: 123 GWYN DR
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: S (X) Change () Addition
Name: AHRENS, GAYLE
Address: 107 GOLF DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLE AHRENS

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date